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APPLICANTS
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** CONTINUING DATA ***** NO OD

** FOREIGN APPLICATIONS ***** YES OD
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| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Octavia Davis</i> OD Examiner's Signature Initials | STATE OR COUNTRY JAPAN | SHEETS DRAWING 7 | TOTAL CLAIMS 4 | INDEPENDENT CLAIMS 1 |
|--|---|------------------------------|------------------------|----------------------|----------------------------|

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TITLE
 Leg shocking device for pedestrian protection test

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| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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